

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537928				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HICKORY SPRINGS MANUFACTURING COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F0297137</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000,000
CLASS	AUTHORIZED					
COMMON	2,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 235 2ND AVE NW</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HICKORY, NC 28601</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID E COLBURN TITLE: PRESIDENT ADDRESS: 235 2ND AVENUE NW CITY/ST/ZIP/CO: HICKORY, NC 28601 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID E COLBURN TITLE: PRESIDENT ADDRESS: 235 2ND AVENUE NW CITY/ST/ZIP/CO: HICKORY, NC 28601	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	DAVID F UNDERDOWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	P C UNDERDOWN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN EMERITUS		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	JOHN R MAYO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	DAVID J CARTWRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	LINDA S MANSFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	R R SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	MICHAEL R SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
NAME:	STEVEN C UNDERDOWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	235 2ND AVE NW		
CITY/ST/ZIP/CO:	HICKORY, NC 28601		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VALERIE W REID	VALERIE W REID, VP/CFO/T/AS	8/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			